

# FCSS Program and Data Report

(This is a resource copy only. All data must be reported in the Teams Form provided link)

Which report are you submitting?

☐ SFY24 SEMI-Annual Report (July 1-December 31, 2023 only)

☐ SFY24 ANNUAL Report (July 1, 2023-June 30, 2024)

2. Date of Submission

3. Name of County

**Ages of Youth served**

4.# under 1 year olds

5.# of 1 year olds

6.# of 2 year olds

7.# of 3 year olds

8.# of 4 year olds

9.# of 5 year olds

10.# of 6 year olds

11.# of 7 year olds

12.# of 8 year olds

13.# of 9 year olds

14.# of 10 year olds

15.# of 11 year olds

16.# of 12 year olds

17.# of 13 year olds

18.# of 14 year olds

19.# of 15 year olds

20.# of 16 year olds

21.# of 17 year olds

22.# of 18 year olds

23.# of 19 year olds

24.# of 20 year olds

**Type of Required Assessments Completed  
please specify which assessment tools were  
completed**

25.# of CANS Brief

26.# of CANS Comprehensive

27.# of CASI

28.# of WIFI Easy

29.# of other (please explain)

**Gender****Total # of genders served in Service  
Coordination/Wraparound**

30.# of females

31.# of males

32.# of non-binary youth

33.# of other

**Race**

# of total race served

34.# of Alaskan Native

35.# of American Indian

36.# of Asian

37.# of black/African American

38.# declined to answer

39.# of Multi-Racial

40.# of Native Hawaiian

41.# of Other

42.# of Other Pacific Islander

43.# of Unable to determine

44.# of white

45.# declined to specify

**Ethnicity****Total # of ethnicities served**

46.# of Hispanic or latino youth

47.# of non hispanic or non latino youth

**Insurance**

48.# of youth that have private Insurance

49.# of youth that have Medicaid Insurance

50.# of youth that have BOTH Private and  
Medicaid Insurance

**Primary Care Physician  
# of youth connected with a primary care physician**

51.Total # of youth that have a primary care physician

**Service Coordination / Wraparound**

52.Total # of youth in Service Coordination

53.Total # of youth in High Fidelity Wraparound

**Education**

54.Total # of youth on an IEP

55.Total # of youth on a 504 plan

56.Total # of youth with truancy

**Adopted Youth**

57.Total # of youth previously adopted

**Families linked with Parent Advocates**

58.Total # linked with a parent advocate

59.Total # linked to the PAC-Parent Advocate Connection program

**Living Arrangement at Intake**

60.# in congregate care

61.# in Department of Youth Services

62.# in Foster or Adoptive Placement

63.# in hospital

64.# in independent living

65.# in-home with parents

66.# number in-home with relative or non-relative (non-guardian)

67.# with legal guardian

68.# of other (please explain)

**Referral Source**

69.# referred by self/family

70.# referred by MH/BH provider

71.# referred by Juvenile Justice

72.# referred by Education

73.# referred by Physician/Hospital

74.# referred by HMG/Early Intervention and Home Visiting

75.# referred by County Board of DD

76.# referred by WIC (Women, Infant, and Children Program)

77.# referred by Head Start/ Early Head Start

78.# referred by other (please explain)

**Cases Closed**

79.Closure- # of youth closed

**Reasons for Closure**

80.# of Cases never opened

81.# of completed plan

82.# of custody relinquishment

83.# of family terminated services

84.# of family unable to be located

85.# of not participated in plan

86.# of Other (please explain)

87.# of transitioned to adult services

88.# of youth enrolled in OhioRise

89.# of youth moved

90.# of youth in IV-E Agency Custody

91.# of youth in placement

**Living Arrangement at Closure**

92.# in congregate care at closure

93.# in Department of Youth Services at closure

94.# in Foster or Adoptive Placement at closure

95.# in Hospital at closure

96.# in Independent Living at closure

97.# in-home with parents at closure

98.# in-home with relative or non-kinship at closure

99.# with legal Guardian at closure

100.# of other (please explain)

**Goals**

101.# of total goals created

102.# of total goals met at closure

**System Involvement  
all systems that apply**

103.Board of DD

104.Children Services

105.Early Intervention/HMG

106.Head Start/Early Head Start

107.Health Department/BCMH

108.Job and Family Services

109. Juvenile Justice

110.Managed Care

111.Mental Health/Behavioral Health

112.Opportunities for Ohioans with Disabilities

113.Other (please explain)

114.Physician/Hospital

115.School

116.WIC

117.Managed Care

**Services and Supports funded through  
FCSS funds****Please provide total # of youth funded  
under each category**118.# of youth funded with FCSS for service  
coordination119. total \$\$ amount funded with FCSS for  
service coordination120. # of youth funded with non-clinical in-  
home parent/child coaching121. total \$\$ amount funded with non-clinical  
in-home parent/child coaching

122.# youth of parent education reimbursed

123.total \$\$ amount funded of parent  
education reimbursed

124.# of youth with Mentoring

125. total \$\$ amount funded of youth with  
Mentoring

126.# youth with respite care/camp

127. total \$\$ amount funded with respite  
care/camp

128.# of youth with transportation

129. total \$\$ amount funded with  
transportation130.# of youth with social/recreational  
activities

131. total \$\$ amount funded with  
social/recreational activities

132. # of youth with safety and adaptive  
equipment

133. total \$\$ amount funded with safety and  
adaptive equipment

134. # of youth with structured activities to  
improve family functioning

135. total \$\$ amount funded with structured  
activities to improve family functioning

136. # of youth with Parent Advocacy

137. total \$\$ amount funded with Parent  
Advocacy

138. # of Youth/Young Adult Certified Peer  
Support

139. total \$\$ amount funded with  
Youth/Young Adult Certified Peer Support

140. # of youth with Other Services/Supports  
(please explain)

141. total \$\$ amount funded with Other  
Services/Supports (please explain)